

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>390270</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>08/17/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>GEISINGER WYOMING VALLEY OUTPATIENT SURGERY CENTERPOINT</b>  STATE LICENSE NUMBER: <b>26051501</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1201 OAK STREET PITTSTON, PA 18640</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 0000	INITIAL COMMENT	S 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					
TITLE:					
(X6) DATE:					

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NAME OF PROVIDER OR SUPPLIER: <b>GEISINGER WYOMING VALLEY OUTPATIENT SURGERY CENTERPOINT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1201 OAK STREET PITTSBURGH, PA 15260</b>			
STATE LICENSE NUMBER: <b>26051501</b>					
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S 0000	Continued from page 1  This report is the result of an occupancy survey conducted on-site on August 4, 2023, and off-site on August 17, 2023, for occupancy on August 21, 2023, at Geisinger Wyoming Valley Outpatient Surgery CenterPoint, which included:  The addition of the following Pediatric Orthopedic procedures:  <b>SPINE DEFORMITY</b> 22840 Posterior non-segmental instrumentation (e.g., Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (list separately in addition to code for primary procedure) 22842 Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (list separately in addition to code for primary procedure) 22845 Anterior instrumentation; 2 to 3 vertebral segments (list separately in addition to code for primary procedure)  <b>TRAUMA UPPER LIMB</b> 24530 Closed treatment of supracondylar or transcondylar humeral fracture, with or without	S 0000			

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S 0000	Continued from page 2  intercondylar extension; without manipulation 24560 Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation 24566 Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation 24575 Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation when performed 24576 Closed treatment of humeral condylar fracture, medial or lateral; without manipulation 24579 Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation when performed 24582 Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation 24635 Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation when performed 24535 Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction 24565 Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation	S 0000			

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S 0000	Continued from page 3  24577 Closed treatment of humeral condylar fracture, medial or lateral; with manipulation 24620 Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation 24640 Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation 24655 Closed treatment of radial head or neck fracture; with manipulation 25560 Closed treatment of radial and ulnar shaft fractures; without manipulation 25574 Open treatment of radial AND ulnar shaft fractures, with internal fixation when performed; of radius OR ulna 25575 Open treatment of radial AND ulnar shaft fractures, with internal fixation when performed; of radius AND ulna 25600 Closed treatment of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid when performed; without manipulation 25606 Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation 25607 Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal	S 0000			

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S 0000	Continued from page 4  fixation 25505 Closed treatment of radial shaft fracture; with manipulation 25520 Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation) 25535 Closed treatment of ulnar shaft fracture; with manipulation 25565 Closed treatment of radial and ulnar shaft fractures; with manipulation 25605 Closed treatment of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid when performed; with manipulation  Based on the occupancy survey, it was determined the facility was in compliance with all applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999 and the current edition of the Guidelines for Design and Construction of Outpatient Facilities.	S 0000			

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# Certified End Page

**GEISINGER WYOMING VALLEY OUTPATIENT SURGERY CENTERPOINT**

**STATE LICENSE NUMBER: 26051501**

**SURVEY EXIT DATE: 08/17/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in cursive script that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in cursive script that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY